SAMPLE

8843

Part 2

11-14

Statement for Exempt Individuals and Individuals With a Medical Condition

For use by alien individuals only.

OMB No. 1545-0074

For the year January 1-December 31, 2015 or other tax year Department of the Treasury , 2015 and ending Internal Revenue Service beginning Sequence No. Your first name and initial Last name Your U.S. taxpayer identification number, if any **Your Name** Address in country of residence Address in the United States Fill in your **Home Country Address U.S. Address** addresses only if you are filing this form by itself and not with your tax return Part I **General Information** 1a Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ▶ original visa type, date of entry into U.S. b Current nonimmigrant status and date of change (see instructions) ▶ current visa type, date of change to F1 (if any) Of what country were you a citizen during the tax year? country of citizenship 3a What country issued you a passport? country issuing your passport b Enter your passport number ▶ passport # 4a Enter the actual number of days you were present in the United States during: XXX 2013 XXX 2014 Enter the number of days in 2015 you claim you can exclude for purposes 4b - Answer should be the same as question 4a for 2014. Part II **Teachers and Trainees** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2009 ______ For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2009 ▶ Enter the type of U.S. visa (J or Q) you held during: 2003 _ 2006 _____ 2007 __ 2008 . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless you meet the Exception explained on page 3. Part III **Students** Enter the name, address, and telephone number of the academic institution you attended during 2014 ▶ Howard Community College; 10901 Little Patuxent Parkway, Columbia, MD 21044; 443-518-1000 Enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2013 ▶ Dr. Sharon J. Pierce, Vice President of Academic Affairs, Howard Community College, 10901 Little Patuxent Parkway, Columbia, MD 21044; 443-518-1000 Enter the type of U.S. visa (F, J, M, or Q) you held during: ▶ 2008 2012 2013 2011 _____ _____ . If the type of visa you held during any of these years changed, attach a statement showing the new visa type and the date it was acquired. Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar Answer If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to auestions establish that you do not intend to reside permanently in the United States. During 2014, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status in the United States or have an application pending to change your status to that of a lawful permanent resident of the United States? If you checked the "Yes" box on line 13, explain ▶

Form 8843 (2013)	Page 2

Skip Part 4

Pai	rt IV P	rofessional Athletes		
15		name of the charitable sports event(s) in the United States in which you competed during 2009 and the dates of ion		
16	Enter the event(s)	e name(s) and employer identification number(s) of the charitable organization(s) that benefited from the sports		
		u must attach a statement to verify that all of the net proceeds of the sports event(s) were contributed to the charitable		
	organizat	tion(s) listed on line 16.		
Pai	rt V Ir	ndividuals With a Medical Condition or Medical Problem		
17a	Describe	the medical condition or medical problem that prevented you from leaving the United States ▶		
h	Enter the	date you intended to leave the United States prior to the onset of the medical condition or medical problem described		
		7a ▶		
С	Enter the	date you actually left the United States ►		
18	18 Physician's Statement:			
	I certify that			
	Name of taxpayer			
	was unable to leave the United States on the date shown on line 17b because of the medical condition or medical problem described on line 17a and there was no indication that his or her condition or problem was preexisting.			
		Name of physician or other medical official		
	Name of physician of other medical official			
		Physician's or other medical official's address and telephone number		
	/	Dhysician's ay other medical official's signature		
Sign	here	Physician's or other medical official's signature Date		
Sign here only if you are filing this form by Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and to the belief, they are true, correct, and complete.		Under penalties of perjury, I declare that I have examined this form and the accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete.		
itsel not	f and with r tax	Sign and date here only if you are filing this form by itself		
retu		Your signature Date		

Form **8843** (2014)